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Bulletin

OF THE

National Tuberculosis Association

Vol. VI MARCH, 1920 No. 3

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PRELIMINARY PROGRAM

Sixteenth Annual Meeting
National Tuberculosis Association

General Meetings

Thursday, April 22, 4 P. M.

Address of the President—Victor C. Vaughan, M.D.

Report of the Executive Office—Charles J. Hatfield, M.D.

Preliminary business, including report of Nominating Committee.

Friday, April 23, 12 Noon

Reports of Committees and special business.

Friday, April 23

A special pageant and program on the Modern Health Crusade is being considered for Friday evening.

Advisory Council

ALLEN W. FREEMAN, M.D., Columbus, Ohio, Chairman

Thursday, April 22, 8:15 P. M.

Symposium on Cooperation in Public Health Nursing

The Necessity for Cooperation Between Voluntary and Official Agencies in Public Health Nursing—Watson F. Rankin, M.D., Raleigh, N. C., President American Public Health Association.

Effective Cooperation in Public Health Nursing in Massachusetts—Eugene R. Kelley, M.D., State Health Commissioner, Boston, Mass.

The American Red Cross and the Cooperative Nursing Program—Miss Elizabeth G. Fox, Director Public Health Nursing, American Red Cross, Washington, D. C.

The State Society and the State Health Organizations—Robert G. Paterson, Ph.D., Ohio Society for the Prevention of Tuberculosis, Columbus, Ohio.

Nursing Cooperation in Cleveland—R. H. Bishop, M.D., Superintendent Lakeside Hospital, Cleveland, Ohio.

Clinical Section

GEORGE DOCK, M.D., St. Louis, Mo., Chairman

J. J. SINGER, M.D., Secretary

Differential Diagnosis—James Alexander Miller, M.D., New York, N. Y.

Physical Diagnosis vs. X-Ray in the Diagnosis of Pulmonary Tuberculosis—George W. Norris, M.D., Philadelphia, Pa.

Pulmonary Findings in Circulatory Disturbances—J. S. Pritchard, M.D., and M. A. Mortensen, M.D., Battle Creek, Mich.

Influenza as an Exciting Cause of Active Tuberculosis—L. C. Boisliniere, M.D., St. Louis, Mo.

Elimination of Tuberculosis from the Army—Ralph C. Matson, Major M. C., U. S. A., Denver, Colo.

Concurrent Infections in Tuberculosis—H. J. Howk, M.D., Mt. McGregor, N. Y.

Silence in the Treatment of Pulmonary Tuberculosis—S. W. Schaefer, M.D., Colorado Springs, Colo.

Relation of X-Ray to Physical Diagnosis—J. J. Singer, M.D., St. Louis, Mo.

Climate—Le Roy S. Peters, M.D., Albuquerque, N. M.

Further Observations on the Clinical Value of Complement Fixation—Lawrason Brown, M.D., and S. A. Petroff, M.D., Saranac Lake, N. Y.

The Routine X-Ray Examination of the Gastro-Intestinal Tract in Pulmonary Tuberculosis—Lawrason Brown, M.D., H. L. Sampson, M.D., and Fred H. Heise, M.D., Saranac Lake, N. Y.

A Comparison of the Extent of the Physical Signs and X-Ray Findings in Pulmonary Tuberculosis—Lawrason Brown, M.D., Fred H. Heise, M.D., and H. L. Sampson, M.D., Saranac Lake, N. Y.

A Classification of Pulmonary Tuberculosis Based on Physical Signs. X-Ray Findings and Symptoms—Lawrason Brown, M.D., Fred H. Heise, M.D., and H. L. Sampson, M.D., Saranac Lake, N. Y.

Twenty Years' Experience with the Subcutaneous Tuberculin Test—Lawrason Brown, M.D., and Fred H. Heise, M.D., Saranac Lake, N. Y.

(*Continued on page 2*)

Hotel Accommodations

Headquarters for the meeting will be at the Hotel Statler, St. Louis, Mo., on April 22, 23, and 24. Registration and all meetings, except the Clinical Section, will be held on the sixteenth floor. The Clinical Section will meet on the seventeenth floor.

The Hotel Statler, facing Washington, 9th and St. Charles Streets, has 650 rooms which may be reserved at the following rates: single room with shower bath, $2.50; double room with shower bath, $4.00 for two persons; single room with tub bath, $3.50, $4.00 and $5.00; double room with tub bath, $5,00, $5.50 and $6.50 for two persons; double room with two beds and tub bath, $6.00, $7.00 and $8.50 for two persons. All rooms have a private bath, circulating ice water, electric fan and other comforts. The hotel provides, in addition to its ordinary dining room, a cafeteria and other special facilities for luncheons, special conferences, etc.

The Jefferson Hotel, centrally located at Locust and 12th Streets, has 365 rooms. Rates for single rooms without baths are $2.50 and $3.00; double rooms without baths $4.00; single rooms with baths $3.00 up; double rooms with baths $5.00 up.

The Planters Hotel, situated at 4th and Pine Streets, in the heart of the downtown section, has 350 rooms. Rates for single rooms without baths are $1.50 to $2.50; double rooms $2.50 to $4.00; single rooms with baths are $2.00 to $5.00; double rooms $3.50 to $7.00.

Those who expect to attend the meeting are urged to make their reservations well in advance.

Railroad Rates

It has been found impossible to make any special arrangements for reduced rates on the railroads for the annual meeting. On account of the congestion in travel, it is urged that those who are planning to attend the meeting make their railroad reservations well in advance. The St. Louis convention and Publicity Bureau, 507 Commercial Building, will accommodate those who are attending the meeting in the making of return reservations from St. Louis. Correspondence should be addressed to Charles F. Hatfield, Manager.

BULLETIN
OF THE
National Tuberculosis Association
Published Monthly
in the interest of workers engaged in the Anti-Tuberculosis Movement by the National Tuberculosis Association
381 FOURTH AVENUE, NEW YORK CITY

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Assistant Crusader Executive Appointed

Miss M. Grace Osborne has been appointed assistant crusader executive for the National Tuberculosis Association, and is now located at the New York office.

Miss Osborne has had preparation for the practice of medicine, but her interest has been chiefly along social medical lines. Her tuberculosis experience has extended from work among the Pueblo Indians, under government service, to that of field secretary for the Indiana Tuberculosis Association. She comes to the National Association from the Illinois Tuberculosis Association where, for the past four years, she has held the position of Field Secretary and Director of School Activities.

Preliminary Program

(Continued from page 1)

The Value of Physical Signs in the Prognosis of Pulmonary Tuberculosis—Francis B. Trudeau, M.D., Saranac Lake, N. Y.

Title To Be Announced—F. M. Pottenger, M.D., Monrovia, Cal.

Abbreviation for "Tuberculosis"—L. B. McBrayer, M.D., Sanatorium, N. C.

Some Non-Tuberculous Complications of Pulmonary Tuberculosis—H. F. Gammons, M.D., Dallas, Tex.

Tuberculosis Among Negroes—H. G. Carter, M.D., Burkeville, Va.

Artificial Heliotherapy in Pulmonary Tuberculosis—Selig Simon, M.D., St. Louis, Mo.

A Study of the Effect of Pulmonary Tuberculosis on Vital Capacity—F. W. Wittich, M.D., J. A. Meyers, M.D., and George Jennings, M.D., Minneapolis, Minn.

Pathological Section

E. L. OPIE, M.D., St. Louis, Mo., Chairman

M. T. BARROWS, M.D., St. Louis, Mo., Secretary

Possibilities of Producing Local Lung Lesions in Smaller Animals—Charles White, M.D.

Experimental Leucocytosis with Special Reference to Tubercle Bacillus Infections—J. B. Roberts, M.D.

The Weight Curves of Tuberculous Guinea Pigs—Lydia M. DeWitt, M.D.

The Influence of Creosote and Related Compounds on the Human Tubercle Bacillus and on Experimental Tuberculosis in Guinea Pigs—Lydia M. DeWitt, M.D., Binzi Suyenga, M.D., and H. Gideon Wells, M.D.

Studies on the Relation of Dust to Tuberculosis: A Preliminary Report on the Effect of Inhaled Granite Dust on Pulmonary Tuberculosis—LeRoy U. Gardner, M.D.

Experimental Arrested Tuberculosis and Subsequent Infections: Second Report—Edward R. Baldwin, M.D.

Further Studies in the Etiology of Tuberculosis—Lawrason Brown, M.D., S. A. Petroff and Gilberto Pesquera, M.D.

Serological Studies in Tuberculosis. Third Communication—Yoshio Nishida, M.D., and S. A. Petroff.

The Utilization of Amino Acids by Tubercle Bacilli and Other Acid-Fast Organisms—Esmond R. Long, M.D.

First Infection with Tuberculosis—E. L. Opie, M.D.

A joint session with clinical section for the consideration of complement fixation and X-Ray diagnosis has been arranged.

Sociological Section

H. W. HILL, M.D., St. Paul, Minn., Chairman

GEORGE EAVES, D.D., Birmingham, Ala., Secretary

Address of the Chairman, Public Health and Sociology.

Tuberculosis in the Philippines—Carmelo Penaflor, M.D., Assistant Secretary Philippine Islands Anti-Tuberculosis Society, Manila, P. I.

The State Tuberculosis Clinic as a Health Center—Karl Schaeffle, M.D., Director Tuberculosis Division, State Department of Health, Harrisburg, Pa.

The Control of Tuberculosis in Industrial Organizations—John S. Billings, M.D., Director New York Tuberculosis Association, New York.

Some Findings in Regard to the Economic Costs of Tuberculosis—Miss Jessamine S. Whitney, Research Secretary National Tuberculosis Association, New York.

Possible Modification in the Tuberculosis Program on the Basis of Recent Framingham Experience—Donald B. Armstrong, M.D., Executive Officer Framingham Health and Tuberculosis Demonstration, Framingham, Mass.

Feeble-Mindedness and Health—H. W. Hill, M.D., Secretary Minnesota Public Health Association, St. Paul, Minn.

University Leadership in Public Health Teaching—Dr. John Sundwall, Health Officer, University of Minnesota.

A Broader Attack on Tuberculosis—Joseph Herzstein, Executive Secretary, Rensselaer County Tuberculosis Association, Troy, N. Y.

Nursing Section

MISS EDNA L. FOLEY, R.N., Chicago, Chairman

Two sessions are being planned. The first will deal with occupational therapy. Miss Bertha Thompson, Director of Occupational Therapy, Kenilworth Hospital, Biltmore, N. C., will present a paper. Other papers on the subject will also be given. The second section will be a symposium on the general subject, "Instruction of Tuberculous Patients at Home and in the Sanatorium."

American Sanatorium Association

LAWRASON BROWN, M.D., Saranac Lake, N. Y., President

EDWARD S. MCSWEENEY, M.D., New York, Secretary

The spring meeting of the American Sanatorium Association will be held at the Hotel Statler, St. Louis, on Thursday, April 22, 1920, at 10 A. M. Further details regarding program will be announced later.

National Conference of Tuberculosis Secretaries

H. W. HILL, M.D., St. Paul, Minn., President

GEORGE EAVES, D.D., Birmingham, Ala., Secretary

A meeting of the National Conference of Tuberculosis Secretaries will be held on Thursday, April 22, 1920, at 10 A. M., at the Hotel Statler.

AGREEMENTS

For the benefit of all Tuberculosis workers and as a matter of permanent record, the National Tuberculosis Association publishes herewith several important agreements between national health agencies. These are as follows:

1. "Policy of Cooperation Between the State Health Authorities and the National Tuberculosis Association."
2. "Report of the Committee on Tuberculosis Policy of the Conference of State and Provincial Health Authorities of North America."
3. "A Suggestion of Principles for the Cooperation of the Red Cross with State Departments of Health and Other Agencies in the Field of Public Health Nursing."
4. "A Suggested Plan for Cooperation between the Red Cross and State Tuberculosis Associations in States where there is no Bureau of Public Health Nursing and no State Supervising Nurse within the State Department of Health."
5. "An Agreement between the American Red Cross, the National Tuberculosis Association and the National Organization for Public Health Nursing, for the Promotion of Public Health Nursing."

A brief explanation of the origin of these agreements may be in order. The Policy of Cooperation Between the State Health Authorities and the National Tuberculosis Association grew out of some suggestions made at a meeting of the Board of Directors of the National Association in June, 1919, at Atlantic City by a special sub-committee of the Executive Committee of the Conference of State and Provincial Health Authorities of North America. The two members of this committee, Dr. Eugene R. Kelley, of Massachusetts, and Dr. Arthur T. McCormick, of Kentucky, presented the suggestions in preliminary form to the Board which appointed a committee to study them and report at a later meeting.

The draft here published is as finally revised and agreed upon. In a formal letter of transmittal to state associations Dr. Charles J. Hatfield, Managing Director of the National Association, calls attention to the fact that the followning points should be emphasized in interpreting the suggestions made in the agreement:

"The 'Policy of Cooperation' contains a series of recommendations as to methods which should be used to standardize and unify all of the tuberculosis work done in any state. It is thoroughly understood that these are recommendations only and must naturally be modified to suit the varying needs of different states. There is, of course, nothing whatever that can be construed as mandatory. They represent suggestions of methods of cooperation that seem valuable both to the health officers and to the tuberculosis workers.

"The 'Policy of Cooperation' must not be interpreted as placing in the hands of the state health officer the authority and responsibility for directing the work of the tuberculosis association and of exercising a veto power on any phase of the program suggested by the tuberculosis association. In conferences between representatives of the State and Provincial Health Officers and the National Tuberculosis Association, it has been definitely stated and is thoroughly understood that freedom of action of a state tuberculosis association is in no way limited under this statement of policy. It is thought that conference and thorough understanding on both sides will tend to unify and make more effective the general program of tuberculosis work in any state."

With this explanation, the first agreement follows:

Policy of Cooperation Between the State Health Authorities and the National Tuberculosis Association.

(As Amended December 1, 1919.)

1. The National Tuberculosis Association, through its state executives, shall confer in regard to its state program in all states with the state health executive.

2. There shall be a mutual agreement as to the tuberculosis associations' policy on public health tuberculosis nursing fitted to each state.

3. There shall be a mutual agreement on the degree and character of state advisory control and nursing activities of tuberculosis associations.

4. There shall be a mutual agreement as to the methods and policies of educational campaigns, including the preparation and printing of literature and bulletins and of other programs to be carried out by tuberculosis societies and state health departments, always suited to the needs of the individual states.

5. There shall be a mutual agreement on policies in each state as to financing and conduct of tuberculosis clinics, dispensaries, sanatoria and similar agencies and as to legislative plans.

6. The state health authorities and the National Tuberculosis Association should agree that their joint essential objective is the effective organization and maintenance of local health units, with sufficient personnel and money to effectively meet their local tuberculosis problems.

7. State health authorities shall assist actively in the sale of Red Cross seals and in bringing up the membership of local and state tuberculosis organizations.

8. In any state where friction or misunderstanding arises, it is agreed that complaints from a state health authority will be presented through the executive committee of the Conference of State and Provincial Health Authorities to a joint committee composed of members of said executive committee and the executive committee of the National Tuberculosis Association for the purpose of bringing about an agreement on policies and methods of administration.

9. It is agreed that these policies, breathing a spirit of constructive cooperation, shall be placed in the hands of every member of both organizations in such a way as to remove any existing causes for complaint and to so unify official and voluntary organizations that they may be most effective in diminishing the ravages of tuberculosis.

10. In carrying out this cooperative work, the state health executives and the state tuberculosis associations shall be generally guided by the principles set forth in the report of the committee on tuberculosis policy adopted at the Conference of State and Provincial Health Authorities at Atlantic City, June, 1919.

Approved in behalf of the Conference of State and Provincial Health Authorities.

By C. St. Clair Drake.

Approved in behalf of the National Tuberculosis Association,

By Charles J. Hatfield, Managing Director.

It will be noted that under section 10 of the above "Policy of Cooperation" reference is made to the report of the Committee on Tuberculosis Policy. This report is as follows:

Report of the Committee on Tuberculosis Policy of the Conference of State and Provincial Health Authorities of North America.

This committee, consisting of Doctors H. M. Bracken, John T. Black and A. T. McCormack, and Dr. F. C. Smith, of the U. S. Public Health Service, as consulting member, made a report to the Conference at its meeting in 1918, presenting at that time certain resolutions. The Conference was requested to delay action on the resolutions for one year, and to add that a committee of five be appointed from the National Tuberculosis Association to have a conference on these resolutions in order to get both the clinical and administrative viewpoints of the proposition.

Dr. George T. Palmer, Assistant Director of the Illinois State Department of Public Health, was asked to bring this matter to the attention of the National Tuberculosis Association. Dr. Palmer did so and the committee was appointed, consisting of Dr. H. E. Dearholt, Executive Secretary of the Wisconsin Association; Dr. J .W. Coon, of Stevens Point, Wis.; Dr. Wilson Ruffin Abbott, of Springfield, Ill.; Mr. W. D. Thurber, Executive Secretary of the Illinois Tuberculosis Association; and Dr. O. W. McMichael, Asheville, N. C.

Various attempts were made for the Chairman of the committee to meet with the committee of which Dr. Palmer is chairman, but this seemed somewhat difficult, and finally, on request of Dr. Palmer, copies of the resolutions, as presented to the Conference at its last year's meeting, were sent to him. These were taken up by Dr. Palmer with the various members of his committee and reported back to me under date of April 15th.

The resolutions as submitted last year to this Conference are as follows, with additions suggested by Dr. Palmer and his committee, the suggestions being represented by those portions of the resolutions which are in italics. With these additions the committee herewith submits its report:

(*Continued on page 9*)

The Framingham Demonstration

No 21: An Appraisal of Framingham

By D. B. Armstrong, M.D., Executive Officer

These monthly articles in the Framingham series began in July, 1918

The summer of 1919 saw the approach of the termination of the original three years for which the Demonstration was planned. Consequently, "an account of stock" was in order. To accomplish this end, Surgeon General Rupert Blue, of the United States Public Health Service, at the request of the Framingham National Committee, appointed an Appraisal Committee, to study the work in Framingham, estimate its value to date, and to recommend regarding its future extension.

The chairman of the Appraisal Committee was Dr. Allan J. McLaughlin, of the United States Public Health Service, and the Secretary, Prof. C. E. A. Winslow, of Yale University. Most of the important national health agencies were represented on this committee.

After a study of several months, the Appraisal Committee published a report, which resulted in the extension of the Framingham program for an additional three to five years, with the approval and financial support of the National Tuberculosis Association and the Metropolitan Life Insurance Co.

The full report has already been published in pamphlet form from Framingham, and reprinted in recent numbers of THE JOURNAL OF OUTDOOR LIFE and the REVIEW OF TUBERCULOSIS. Bulletin readers may, however, be interested in certain "key note sentences," indicating the salient points of the Demonstration as emphasized by the Appraisal Committee. The Appraisal Committee may then be quoted as follows:

As To Results:

The Extent of Tuberculosis

"The first step, a determination of the actual prevalence of tuberculosis infection, has been accomplished with a high degree of success, giving us for the first time a fairly complete picture of the amount of tuberculosis actually existing in a typical American community.

The Consultation Service

"The most important of all the practical contributions made by the Demonstration is the working out of a plan for medical consultation service, which is clearly the most promising means yet devised for securing a reasonably complete knowledge of the amount of tuberculosis existing in a given community. The consultation service plan has attracted wide attention throughout the country.

Tuberculosis Treatment

"The machinery adopted for the treatment of cases of tuberculosis after they have been discovered has been modelled along generally accepted lines. The work has been accomplished efficiently and successfully.

Standards of Diagnosis

"The officers of the Demonstration have prepared a scheme of diagnostic standards for tuberculosis which has attracted wide attention.

Death Certification Analysis

"The careful analysis of death certificates, showing that the actual deaths from tuberculosis in Framingham were 22 per cent. in excess of the reported deaths from this disease, also constitutes a valuable contribution .

Sanitary Studies

"From the standpoint of general environmental causes effecting the spread and development of tuberculosis, the staff of the Demonstration has conducted valuable studies of schools, factories, and municipal health conditions.

General Sickness Prevalence

"The medical examination drives have yielded some of the most complete data in regard to the prevalence of disease of all sorts in a random section of the population that have ever been collected in this country.

Tuberculosis Death Rate

"From the standpoint of morality, the tuberculosis death rate has fallen from 93 per 100,000 in 1917 to a rate corresponding to 76 for the first five months of 1919. This is an encouraging showing, in view of the fact that the tuberculosis death rate in similar Massachusetts communities has in general materially increased."

As To Framingham:

The Town's Response

"The town of Framingham has responded with vision and effectiveness to the remarkable opportunities offered by the establishment of the Demonstration. The local Board of Health, the School Committee, the Civic League, and many of the employers of labor, have met the challenge to make Framingham the model "Health Town" with constructive responses of a high order.

Local Health Development

"Even more important from the practical standpoint has been the notable development of public health work in Framingham along a wide variety of lines.

Health and School Departments

"The local health department has grown to be a strong and effective one, and the system of medical inspection of school children, organized under the Department of Education, represents one of the best examples of such service to be found in the United States.

Community Benefited

"It seems clear that if the Framingham Demonstration should cease on January 1, 1920, the local community will have benefited materially and many important contributions will have been made to the practical control of tuberculosis.

Need for Local Coördination

"It seems to us if the Demonstration is to be continued that it might be of service to organize in Framingham a Health Council, which would include the health officer, or a Board of Health representative as chairman, with representatives of the School Committee, the Civic League, the Framingham Hospital, the Red Cross, the Medical Society, and the Demonstration—this council to serve as a clearing house for the coordination of health activities and the planning of the most effective public health machinery for the community as a whole. We deem it to be of great importance to transfer the work to them (the local agencies) as rapidly as possible."

In General:

The Foundations Laid

"The foundation has been well laid; a program for the control of tuberculosis by early diagnosis and hygienic care has been organized on ideal lines; local sentiment both in the medical and lay circles has been successfully developed in support of the campaign; and all conditions are favorable to its success.

Continuation Vital

"These statistical calculations have led us to the conclusion that the Framingham Demonstration should be continued for a period of at least five years in order to render the attainment of definite results of reasonable certainty. It would furnish for the first time a definitely established working program for the practical control of tuberculosis.

Appreciation

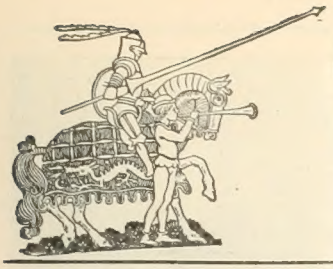
"We desire to express our warm appreciation of the many courtesies extended to us by the staff, and the opportunities offered to form a sound judgment as to the character of the work, through conference with local individuals and agencies, both inside and outside the Demonstration circle."

NOTE.—*Several publications are now available at the Community Health Station and may be had at the rate of 5 cents a copy. Diagnostic Standards in Tuberculosis; Monograph No. 1, The Program; Monograph No. 2, The Sickness Census; Monograph No. 3, The Vital Statistics of Framingham; Monograph No. 4, Medical Examination Campaigns; Monograph No. 5, Tuberculosis Findings; Monograph No. 6, Framingham Schools and Factories; the Report of the Framingham Appraisal Committee. Address orders to Community Health Section, Framingham, Mass.*

Industrial Nursing Section for N. O. P. H. N.

Following a general expression of opinion among industrial nurses as well as among employers of industrial nurses, the National Organization for Public Health Nursing is planning to form an Industrial Nursing Section, which will

(*Continued on page* 12)

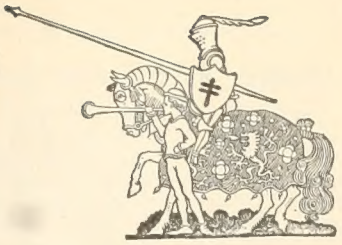


Modern Health Crusade

DEPARTMENT

Bulletin of the

National Tuberculosis Association



MARCH 1920

Crusade Manual Published

The new Manual of the Modern Health Crusade, a booklet of 32 pages, will be distributed in quantity through the state tuberculosis associations. If the demand warrants it, larger quantities than the first run will be printed with a corresponding reduction in cost. Sample copies will be sent to any applicant on request on receipt of three cents postage.

Written primarily from the standpoint of teachers and principals, the Manual contains, first of all, a brief statement of the principles of child psychology and pedagogy underlying the Crusade. The remainder of the booklet is a practical guide with specific directions for such parts of the varied program as school authorities may select. There is an explanation of the methods of crediting Crusade work as a curriculum activity. A 15- or 30-week Crusade course is recommended for every grade in elementary and secondary schools, with the use of the primary, standard and senior course Choir folders in the appropriate grades. If a school, after one or two years, finds it difficult to apply the regime every year for all grades, it may conduct the course for certain grades every year, skipping other grades. The Manual suggests a schedule under which each class in its progress through the grades will take a Crusade course, preferably with tournament stimulation, at least once in three years, a period corresponding to membership in the Order of the Round Table.

The section of the Manual devoted to the auxiliary part of the fundamental Crusade program contains detailed instructions for conducting hygienic inspection, tooth-brush drill, and setting-up exercises. Under the subject of tournaments and other competitions, a "community contest" is described,—a new form of local competition devised to meet requests for a method of systematically carrying the benefits of the Crusade to parents and other adults. Among the innovations in the Manual are a brief collection of songs, the official accolade, and a brief bibliography of books for reference or for class or club use.

The advanced program contains a description of a sanitation campaign conducted by Crusaders. The reader will find in it abundant suggestions for organizing a practical campaign in "civic cleanliness" with school children. A complete explanation of the Order of the Round Table is also given.

The Manual is prefaced by a table of contents, which will facilitate handling. It will be illustrated with numerous cuts showing Crusade activities.

What Schools Will Earn First Round Table Seats?

Pupils in schools with three or more months remaining session may gain admission to the National Order of the Round Table before summer. They must be Crusaders with rank of knight banneret. For instructions, teachers should apply for the new Manual. See notice in this Bulletin.

April Meeting

The subjects for April, "Fly, mosquito and vermin campaigns; clean-up work," are calculated to utilize the energies of Crusaders in ways that not only provide an outlet for the youngsters' desire to do something, but also to benefit the community. The April meeting should be the send-off for a rousing sanitation campaign.

In the April program Crusaders will have an opportunity to make good their pledge to help keep home and town clean. On the one hand, the community will be made cleaner and better; while, on the other hand, much valuable publicity and support will be won for the Crusade movement. Sanitation work is, moreover, in line with the Crusade principle of learning by doing, and no teacher who has imbibed this principle will be content to have her pupils acquire mere book knowledge of sanitation while their surroundings remain in a neglected state.

The methods followed in sanitation work depend largely on local conditions. The experience of Crusaders in an Illinois county may, however, be helpful to other communities. The high schools of the county, one representing a city and the others rural sections, divided the territory into sanitary districts, the whole county being covered. The high school or schools located in each district elected its own sanitary captain, choosing a pupil qualified as worker and leader. Under the captain a lieutenant was elected by his fellow pupils for each sub-district, and a corporal for each city block, while each pupil was drafted as a private.

Five requirements were set, as follows: (1) That the house be screened against flies; (2) that a covered garbage can be used; (3) that the outdoor toilet vault be darkened so that flies would not enter; (4) that manure or other fly-breeding matter be disinfected once a week and removed; (5) that the streets, alleys and premises be made clean and sightly.

The first work was a survey. The districts were marked on a county map posted in the office of the county superintendent of schools, and flat maps showing all farm or town residences were made for each district. Each householder was visited and apprised of the community plan. Printed slips were used for checking the conditions found, and the findings were noted by pins on the district maps.

Two weeks after the survey, the campaign for improving conditions was announced. Changes effected were recorded on the second visit and "spotted" on the district map. Corresponding pin markings on the large map at the county superintendent's office recorded the progress of all the districts and stimulated competition between districts. The work was done entirely by high school and seventh and eighth grade pupils, who conferred as need arose with the local Crusade council, composed of five adults.

The experience of Cleveland in making itself a flyless city may also be of benefit to other localities. School children were enlisted in the fight, and ten cents was paid for every hundred flies brought to the city hall by a certain date, before the over-wintering flies had a chance to lay their eggs. Breeding places were cleaned up, with the result that the fly population was practically eliminated.

The following free publications will be found helpful in connection with the April meeting: "Transmission of Disease by Flies," Supplement No. 29 (U. S. Public Health Service, Washington); pamphlets on fly campaigns, with directions for making traps (Agricultural Extension Division, International Harvester Co., Chicago). Ritchie's "Primer of Sanitation" (World Book Co., Yonkers, N. Y.) is an inexpensive book, written in language easily understood by children.

"A Pageant of Average Town," one of the health playlets, is appropriate for April. Average Town is an unsightly spot until the boys and girls begin their work. Local pride is aroused, and flies, mosquitoes, impure milk and ugly backyards disappear before *Health, Cleanliness* and their companions. This playlet requires about forty children. Seventeen copies, for the speaking parts, may be secured for 20 cents from the National Association.

The "Bulletin" is sent free to all teachers who apply individually for it by mail. Have you advertised this fact in your state?

Children Make Sanitary Surveys

Quite in keeping with the main theme for the month of April comes the interesting report of a real survey made last spring by the children of Cotton Plant, Ark. We quote below a portion of a letter written by Mr. Roger Stevenson, of Cotton Plant, to Miss Erle Chambers, executive secretary of the Arkansas Tuberculosis Association:

"I am sure that as a direct result of our survey the following improvements are being made in our town:

"1—Alleys and yards all over town are being cleaned up.

"2—Ditches and surface ponds in most parts of town are being drained.

"3—Sanitary toilets were built and are still being built.

"4—The sewer system which was planned previous to the survey campaign now almost assured. (The survey map is responsible for this.)

"5—School board plans to do away with surface toilets.

"6—School children take a great deal more pride in civic affairs."

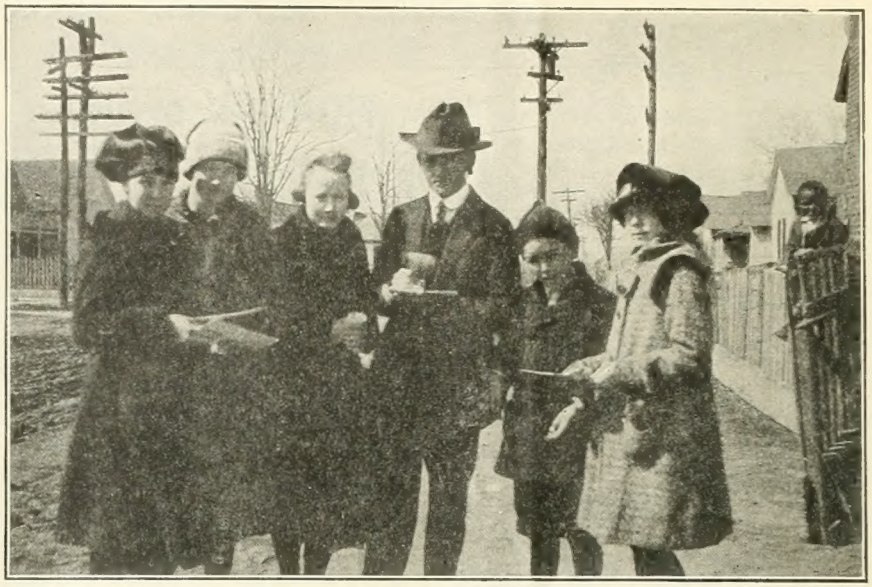
The children took great interest in the investigation and the school board is now consenting to make improvements which the school superintendent had previously tried in vain to put through. While the children were transferring their work to the survey map, the Arkansas Tuberculosis Association held a meeting of the School Improvement Association, which gained the wholehearted participation of the mothers in the Crusade.

A copy of the plan and the survey card used may be secured upon application from the Arkansas Public Health Association, Little Rock, Ark.

Similar surveys have also been conducted in other towns. Last spring, during Health Promotion Week in Illinois, Crusaders all over the state took an active part in the campaign, doing the actual work of survey and education. Survey and report forms used by the Illinois Tuberculosis Association may be procured from the National Tuberculosis Association. "Common-Sense in Health," Part Two (published by the Junior Red Cross), which describes in detail the sanitary survey and campaigns against flies, mosquitoes, rats and vermin, is recommended for use in a campaign of this kind. Copies of this booklet were distributed among school teachers last spring.

Every locality needs some improvement, and young people will readily interest themselves in permanently bettering the conditions of their community. A survey map spotted with push pins, to show what conditions are, is the best lesson possible for everyone concerned, and is always of lasting value. Keep a map in the school, another in a downtown window or where many people pass, and intense interest will soon be shown. *Keep it spotted,* for "keep clean" and "clean up" campaigns.

The experiment is perfectly feasible in any town or country district if put on by a live worker.



"CHECKING UP" ON THE HOUSEHOLDERS OF COTTON PLANT, ARK. CRUSADERS AND THEIR INSTRUCTOR MAKE A SANITARY SURVEY OF THEIR HOME TOWN.

New School as Result of Crusade

From every part of the country comes news of accomplishments by Crusaders—honors won by faithfully keeping the Chores, teaching others the value of good health and helping to create a more general spirit of responsibility through taking an active part in the real work of a community "clean up" and "keep clean."

A letter from Miss Esther Watson, Southold, N. Y., contains an interesting commentary on the far-reaching influence which the Modern Health Crusade is rapidly becoming. "A significant development of the Modern Health Crusade," writes Miss Watson, "is the new $65,000 school building which has just been voted for Southold. The Modern Health Crusade interested the parents in the health conditions which were surrounding their children. They began to inspect the school and found the building so far behind the standards they hold for the town that they put up a vigorous fight for a new building, and won this January. The new building will contain facilities for teaching domestic science and agriculture. The parents took the matter into their own hands, and the Visiting Mothers' Committee, which was organized at the time of the beginning of the Modern Health Crusade, was so active that the cause was won, and after a fight so strenuous that one person remarked that 'they opened the cemetery to get voters to vote against the proposition.'"

Race for Health

An interesting use to which the credits gained by the class is put, is a "cross country race" being held in a Washington, D. C., school. Ten credits equal a certain number of miles, and in the race made from Washington, D. C., to Seattle, Washington, the Crusaders eagerly check up on credits to see how far the class has travelled each day. This would be a good plan to adopt for inter-room competitions.

Crusade Pageantry in Des Moines

A charming pageant, written and presented by Modern Health Crusaders, "in the Interest of Good health," was recently held in a grade school in Des Moines, Ia. After several performances before local audiences, it was presented at the country club to the Mississippi Valley Conference on Tuberculosis at its meeting in September. The play was so well staged and directed that in addition to the stimulation it gave the Crusade in the community, it aroused deep interest among tuberculosis workers generally who had heretofore been too busy to recognize the value of the Crusade.

Space will not permit more than a synopsis, but copies of the play may be had upon application to the Iowa Tuberculosis Association, 518 Century Building, Des Moines, Iowa. (Price not quoted.)

Scene 1. The Dream
Anyboy and his *mother.*

Scene 2. *Goddess of Health* and her band
Temperance
Sunshine
Pure Water
Cheerfulness
Correct Posture
Play
Sleep
Fresh Air
Cleanliness
Exercise
Happiness
Purpose of Work

Scene 3. Valley of Illness
General Ignorance and *Corporal Filth* with their army
Toothache

Headache
Bad Colds
Neglect
Flu
Pneumonia
Tuberculosis

Scene 4. The Trial
The World as *Judge*
The Jury—
Civic Duty
Common Sense
Judgment
Ordinary Citizen
Public Opinion
Good Morals
Civilization
Efficiency
Experience
Public Welfare
Personal Obligation
Science

Scene 5. The Awakening

Prominent Endorsements

Every day brings reports from prominent educators, club women, business corporations and others interested in public health, that they recognize the merits and endorse the program of the Modern Health Crusade. It is becoming more and more apparent that the Crusade is not only valuable to the community from the point of view of public health but also from a purely business standpoint.

Business Corporations Adopt Crusade

The endorsement of the movement by business corporations is becoming more and more general and many firms are extending their welfare work to cover the adoption of the Modern Health Crusade for the children of the employees. Among well-known commercial firms who have recently adopted the Crusade is the National Cash Register Co. of Columbus, O., a corporation well known for its work for improving the health and efficiency of its workers.

Endorsement by Educators

The endorsement of educators also grows apace. Chancellor Elliott of the University of Montana recently made the following statement: "Physiology and hygiene tell a child what he should do and stop at that. *The Crusade puts him to doing it.*"

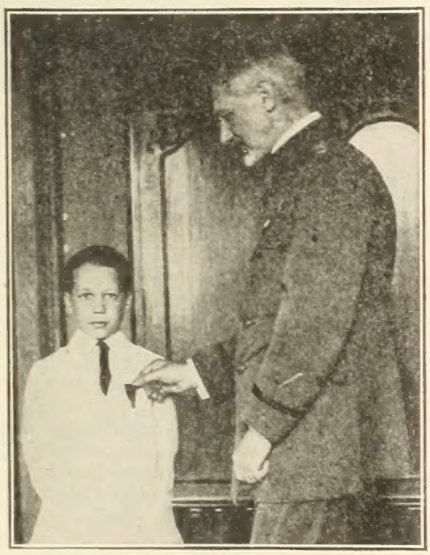
From California comes the reaction, "I wish some genius would devise a health crusade for adults. I know the old saying 'It is hard to teach an old dog new tricks,' still I think some educational work along particular lines for men and women should be done. How it is going to be done, I do not know, but it ought to be done." The children themselves are doing this in instances too numerous to mention, not only with parents, but with others who see how interested and active the Crusaders are in the practice of the Health Chores. Even the parents who are most difficult to persuade are coming to see the value of practicing the rules of health.

"I called to see the Cardinal," writes a correspondent from Maryland, "who is one of the vice-presidents of our Association, in reference to the Modern Health Crusade, and he was pleased to make the following statement:

"'His Eminence will be pleased to have the children make every intelligent effort to preserve the great gift of health, and to cooperate with these good men and women who are doing so much to reduce the ravages of disease.'"

Women Form Health Committee

A clipping from St. Louis tells of the formation of a Health Educational Committee, composed of representatives from all the leading Women's Organizations. The Federation of Women's Clubs, The Parent-Teachers' Association, State Child Hygiene Committee, the D. A. R., W. C. T. U., State Teachers' Association, The League of Women Voters, The Catholic Women's League, The Council of Jewish Women, The Daughters of Rebecca and The Lady Maccabees, all have representatives to which those of other organizations will be added rapidly.



GENERAL PEYTON C. MARCH DECORATES MASTER JACK BAKER, SON OF THE SECRETARY OF WAR, WITH THE INSIGNIA OF KNIGHT BANNERET, ADVANCED ORDER.

A group such as this, especially if men's organizations could be united with it, would assure a backing that would mean the instant and permanent success of state work.

Where it is difficult to introduce the Crusade to an influential group, it is frequently possible to inveigle them into seeing a presentation of a well presented health play. This has been known to penetrate the hardest crust of indifference.

School Endorsements

New York

Mr. John L. Harrington, teacher at Mt. Vision, Otsego County, N. Y., writes: "When school began, the children slept with windows closed, winter and summer. They drank tea and coffee. Some had never taken a bath—and you can imagine the rest. They are nearly all foreign children. They had colds constantly and the air of the school room was filled with germs.

"I worked like a tiger to get the Crusade started. I offered cash prizes and the money was what got it going. The parents were frightened, but the money offer looked good, and so they ran the risk.

"Now, four of the pupils do every one of the first of the ten chores every day and take baths twice a week. There have been only two colds since the Crusade got well started. Windows are up every night. The children know what the Crusade has done for them, and prizes are not needed. They are keeping up the work. The Crusade is the best thing in existence in its line."

Maine

The State Superintendent of Schools has taken over Miss Taylor and Miss Moser, who under the Maine Tuberculosis Association introduced the Modern Health Crusade last year, so that their work may be conducted under the authority of his office. It is hoped that within a year an appropriation will be available which will make the Crusade a regular part of the curriculum. This is one of the most progressive steps that has been taken in any state.

District of Columbia

The following is an extract from the report of a committee under Mr. Thurston, Superintendent of Schools, Washington, D. C. The committee is composed of five supervising principals and the principal of the normal school.

"The committee welcomes the return of the Modern Health Crusade, which aroused so much enthusiasm and brought such good results last year. They trust that the experience of last year will enable the teachers to accomplish the details more easily, and that the pupils will have a pride in claiming credit only for chores faithfully done."

(*Continued on page* 8)

To Crusade Executives:

If you have not already done so, get the necessary influence behind you and have the Crusade presented in a practical talk at your State Teachers' Meeting. It is by far the best way to present forcibly to the teachers the importance of the Crusade to the schools. Have it made a part of the regular program, for so many topics merely receive a paper, that it is most important to avoid this seeming stigma.

Iowa, Missouri, Washington, Idaho, Oregon, Illinois, Montana, New Mexico, Georgia, South Dakota, and several other states have already adopted this plan with much success.

A school superintendent of good standing who thoroughly understands the program and value of the Crusade, particularly if he is a good speaker, will, of course, have more influence with his own guild than someone outside the teaching profession.

School Endorsements

(*Continued from page 7*)

The committee also made the following recommendations:

"That the contest be extended to the pupils of grades three to eight inclusive, participation by grades one and two being left to the option of the teacher.

"That the time allotted by the time schedule to physiology and hygiene, 60 minutes a week, be given to the Crusade, in lieu of the physiology prescribed for the grade. If, after the crusade is well under way, the entire hour per week is not needed for that purpose, the physiology or hygiene of the grade that correlates most closely with the crusade shall be taken in connection therewith.

"That the Children's Health Chore Record folders, Certificates of Enrollment and roll of Knighthood Charts, and a copy of the pamphlet entitled 'Modern Health Crusaders' Manual,' published by the National Tuberculosis Association be furnished to every teacher.

"That interest be stimulated by occasional articles in the daily press, said articles to be given out from the Superintendent's office."

Texas

The following letter was sent by Miss Annie Webb Blanton, State Superintendent of Schools, to superintendents, school officers, and teachers of Texas:

"Last year the Modern Health Crusade was carried on in the public schools of our state. Reports from school officers and teachers are generally uniform to the effect that this campaign was productive of incalculable good in aiding our children to form the proper health habits. Likewise, it was asserted by most of them that the effect upon the character of the children was excellent. They formed habits of persistence, self-denial and self-control generally, which cannot fail to be of benefit.

"The Texas Public Health Association is now undertaking a second campaign of this kind in our state. I hope to see the work carried on in our public schools with even more earnestness and regularity than was attempted last year. There is no other conservation so important as child conservation. The Health Crusade movement is an important aid in the work of preserving the health of our children.

ANNIE WEBB BLANTON,
State Superintendent."

In some cases where a truancy officer is employed to assist in the work of the County Superintendent, the former uses his prerogative to vigorously push the Crusade, for a good Crusader is seldom a truant for any cause.

Teachers' Endorsements

"The children are more alert in school. This is due to the fact that they get more rest, and sleep with the windows open." Attendance is much improved. One teacher states that "The Health Chores seem to bring our attendance to almost perfect, and the children are healthier."

Parents' Opinions

Mothers do not have to argue with their children to get them to go to bed, to wash their hands before meals, or to take baths and brush their teeth. One mother says, "My boy used to fight if he had to wash, but now he would fight if he were not allowed to."

A woman had taken a little girl for adoption, but decided not to keep her, as she was sulky and disagreeable. When the girl got a Chore folder at school, the woman said she did not see how she could ever mark the Chore, "cheerful and helpful to others." But, in order to be a good Crusader, the little girl changed completely and remained changed.

Mothers' clubs declare that the health chores are a wonderful help: "The best thing that ever came into the home."

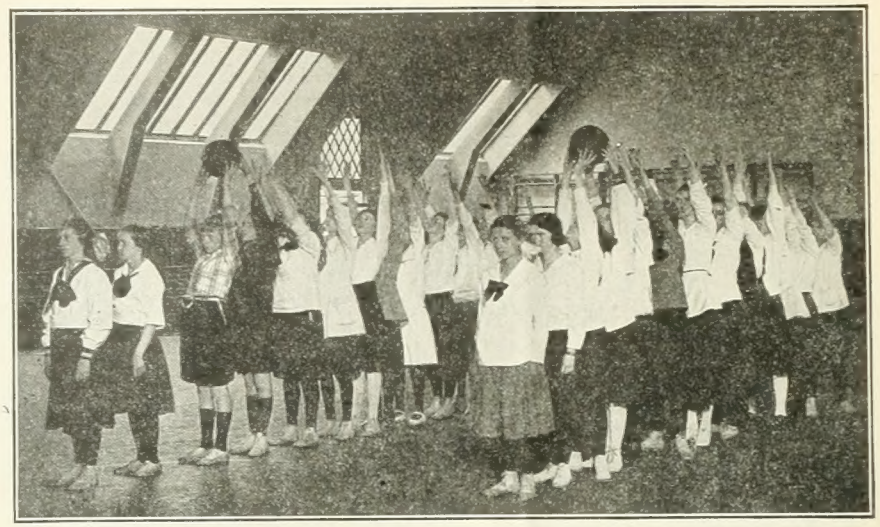
Pupils' Reactions

The favorite Health Chore at one rural school, which has a 100 per cent toothbrush record, is the "white smile."

"Unless you keep well and strong," said little Bess to her older brother Daniel, "you won't be any good to yourself or to your country, either."

Covers for Folders

In one city the youngsters of the lower grades made health poster covers for the health chore records and in this way solved satisfactorily problems of loss and soiling.



A FEATURE OF THE COMPLETE CREATIVE ATHLETIC PROGRAM IN NEW YORK CITY MADE POSSIBLE BY A STATE PHYSICAL EDUCATION LAW.

Making Exercise a Recreation

Physical recreation in the public schools of New York City has become one of the most complete athletic programs yet worked out. Under the state physical education law it has been possible to bring into the schools a much more general plan for actually educating the pupils physically than was heretofore employed.

Physical exercises as such do not appeal to anyone, but with the element of play so interwoven that there is no dividing line, the whole body is exercised and exhilarated and the children are taught the invaluable principles of common effort and achievement. The balance between daily drills and the more competitive exercises and exhilarating play are carefully preserved under the supervision of the physical director.

The cut illustrates "pass ball," one of the many games used for exercise. This is suitable either for indoor or outdoor use and is extremely simple. The game teaches quick co-ordination of muscular and mental action. The accompanying illustration shows a class under the direction of Superintendent Reilly of School 33.

Crusade Literature for Spanish-Americans

For the benefit of the Spanish-speaking foreigner, the literature of the Crusade has been translated into Spanish, and copies of all publications may be purchased from the National Tuberculosis Association.

Field Notes

From Oregon comes this message. "The Crusade has revealed the lack of proper facilities for washing the hands, and, as a result, school boards will be more willing to install better facilities."

There is ample evidence that the effects of the health chores are not entirely physical, for truly healthy children are also happy children. "A cheerful atmosphere helps more than anything else," writes one ardent Crusader in a health composition. "Many weak and solemn children are growing strong and cheerful since they have been doing Crusade chores."

Agreements

(*Continued from page 3*)

Whereas, Tuberculosis is recognized as a communicable disease; and,

Whereas, This disease is usually spread by the presence of the tubercle bacillus in the sputum of those suffering from the disease; therefore,

Be it resolved that,

1. Tuberculosis is a social as well as a sanitary problem, and its control should be liberally provided for by the state.

2. Tuberculosis should be a reportable disease to the state health authorities.

3. The removal of a tuberculous patient from one state to another should be carried out only under the reciprocal notification plan. *The removal of a tuberculous patient from one health jurisdiction to another in the state shall be carried out only under the reciprocal notification plan and under rules approved by the state department of public health.*

4. Every tuberculous patient should be under sanitary supervision. This does not mean that the patient should be under restrictions, but it does mean that the sanitary authorities should satisfy themselves as to whether the individual is living in such a way as not to endanger others. *The physician should be required to advise the patient or his family as to the means of avoiding infection. The physician or local health officers should be required to place in each household literature on the cause and prevention of the disease.*

5. The early case of tuberculosis should be cared for with the intent of bringing about a recovery. There is no danger to others from such a case so long as it remains a closed case.

6. The sanatorium is the best place for the early case of tuberculosis. The purpose of the sanatorium is:

(a) The treatment of the individual, which should comprise not only medical supervision, but also dietetic and psychic.

(b) The education of such individuals as to their proper mode of life.

(c) The control of the disease.

7. The "open" case of tuberculosis should never be left at home in association with young children. The open case can be cared for at home if it is possible to prevent the association with children.

8. The sanatorium is the best place for the "open" or advanced case for the purpose of:

(a) The control of the disease.

(b) The care of the patient.

9. The "open" case of tuberculosis should be cared for:

(a) In order to prevent the infection of others.

(b) In order to bring about, if possible, the recovery of the patient.

10. *Institutional provision should be made for two classes of tuberculous patients.*

(a) *Hospitals for advanced cases.*

(b) *Open-type sanatoria for early cases.*

11. *The erection and operation of all public tuberculosis sanatoria should be under the general supervision of the state, either through the state department of public health or a special state board or commission.*

12. The sanatorium should not be considered primarily either a hospital or a boarding house. It should be so conducted as to make the patients satisfied and willing to stay. *It should be borne in mind that happiness is essential to the recovery of the tuberculous.*

13. If tuberculous soldiers or sailors are discharged from service the health officials of the political division to which they are going should be advised of the fact in order that they may be properly cared for at the point of destination.

14. Cases discharged from a sanatorium should be followed through social service standardized under the board of health of the state. *To this end, state departments of health should develop and maintain divisions of public health nursing and social service.*

15. A special institution should be provided to which the incorrigible tuberculous may be committed.

16. *That, inasmuch as early diagnosis is essential to cure, state health departments shall endorse the establishments of free tuberculosis dispensaries, to be conducted by governmental or extra-governmental agencies, and shall establish* standards for such dispensaries.

17. *On account of the fact that tuberculosis causes one-tenth to one-eighth of all deaths and a very large percentage of preventable illness, it is recommended that all state health departments shall maintain separate divisions of tuberculosis under the direction of a chief who is experienced in both the medical and social aspects of the disease.*

Dr. Arthur T. McCormack endorses this report with this addition:

"I am rather inclined to add that recovered cases should be trained in some vocation that tends to promote their well-being. One of the too frequent results of sanatorium treatment is that the patient is kept idle for so long a time that he never gets back to work again and becomes a permanent infective. The resolutions are so good, however, and cover this point by implication, so that it would hardly be worth while to go through the course of securing an amendment."

Dr. John T. Black endorses the report as written with the comment:

"Except Section 16."

(Signed) A. T. McCormack,
as indicated by note above.
H. W. Bracken, Chairman.
(Signed) John T. Black,
as indicated by exception above.

With regard to the third document, this statement of principles grew out of a conference between representatives of the American Red Cross, the State and Provincial Health Authorities and the National Tuberculosis Association in July, 1919. Dr. Hatfield drew up a tentative list of suggestions on nursing policy which was submitted to the other two agencies. Unfortunately, these two suggestions were sent out to state health officers with the tentative policy of cooperation between the state health officers and the National Tuberculosists Association, which had not yet been approved by the latter organization. It is possible, therefore, that these suggestions have come to the attention of tuberculosis workers. They should be ignored, however, in the light of the revised statements which represent an agreement between the American Red Cross and the Conference of State and Provincial Health Authorities. The National Tuberculosis Association has not been asked to give formal approval to this document although preliminary copies were submitted to it and suggestions were made. The final form of this statement is as follows:

A Suggestion of Principles for the Cooperation of the Red Cross with State Departments of Health and other Agencies in the Field of Public Health Nursing.

I. In undertaking to develop public health nursing, the Red Cross does not seek to supplant or compete with state and local departments of health or other organizations—national, state or local, public or private, engaged in the same work. It seeks rather to supplement their activities by assisting legitimate public health nursing agencies and by establishing itself or working with other agencies to establish community nursing services. It plans to interest its chapters throughout the country in public health nursing with this purpose and policy in view.

II. The Red Cross believes that in time public health nursing should and will become a public service conducted by the state, county or municipality, through their official health agencies. The Red Cross division officers will seek consultation with the state health authorities in each state where this has not already been done for the purpose of learning what plans the state department of health may have for developing public health nursing, and of determining in what way the Red Cross may cooperate and make Red Cross plans for the development of this work by its chapters throughout the state conform to the plans of the state department of health. In this undertaking the Red Cross will have as its object the ultimate assumption by the state, counties and municipalities of public health service initiated by its chapters.

III. Following this principle, the Red Cross will encourage the creation of a Bureau, Division or Sub-Division of Public Health Nursing within the state department of health, which should assume such supervision of public health nursing as may be assigned to it by the chief health executive officer of the state.

(a) Looking towards the establishment of a Bureau, Division or Sub-Division, a state supervising nurse might be appointed to serve the state department of health, who would study the public health nursing needs of the state, would work out a plan to cover them, assume supervision of local services, as indicated in paragraph III, and correlate, so far as possible, the nursing activities of other agencies within the state, such as the Red Cross and the state tuberculosis association.

(b) In states where two agencies are

working extensively, it is suggested that the state supervising nurse should have assistant supervising nurses, one in charge of the nursing activities of the Red Cross and one in charge of these activities for the state tuberculosis association. These two agencies would provide the salaries for the assistants in charge of their respective activities. The assistants would be responsible both to their respective agencies and to the state supervising nurse and would submit their plans for adjustment and endorsement.

IV. Where the state supervising nurses, assistant supervising nurses and other public health nurses attached to the state health organization, are supported by funds contributed jointly by the state health oarganization and other agencies, or are contributed wholly by such agencies, appointment should be made by the state health executive with the approval of the participating agencies. Such appointment should not be in conflict with existing laws of the state. Public health nurses supported wholly by funds contributed by the American Red Cross should be free from civil service restrictions.

V. Where the state department of health is unable to provide the salary for a state supervising nurse and where some mutually satisfactory plan of cooperation (such as that outlined above) has been agreed upon by the state department of health, the Red Cross and state tuberculosis association, the salary might be paid in part or in whole by any or all of these and other agencies. This should be a temporary measure, the state to assume the salary as soon as possible, and the nurse, regardless of the source of her salary, should be state supervising nurse for the state department of health.

VI. Where the Red Cross pays in whole or in part for any nursing service, Red Cross standards of appointment of nurse and service should be observed.

VII. Public Health nursing, as carried on by the Red Cross, may cover any of the following activities:

Prenatal or infant welfare work.
Maternity service.
School nursing.
Control of communicable diseases, including tuberculosis, and venereal diseases.
Industrial nursing.
Mental hygiene nursing.
Care of the sick on the visit basis.

Which one or ones of these branches is to be undertaken by the Red Cross chapter in any given community would be determined by the need, by the adequacy of any existing services, by the practical factors of territory to be covered and population to be served and by the plan adopted by the Red Cross after consultation with the state department of health for the development of public health nursing by the Red Cross in that state.

VIII. The Red Cross has already authorized its chapters to use their funds in their territories to organize and maintain public health nursing, to assist other agencies to organize public health nursing, and within certain limits to contribute funds to an existing nursing association. These expenditures are subject to the approval of the division manager.

IX. The division will be permitted at their discretion, subject to the approval of national headquarters, to pay a part or all of the salary for a state supervising nurse and for an assistant supervising nurse who is in charge of Red Cross activities.

Frequent conferences between Miss Elizabeth G. Fox, Director, Bureau of Public Health Nursing, American Red Cross, and Miss Mary E. Marshall, Secretary for Nursing, National Tuberculosis Association, seemed to make it advisable to agree on further suggestions for cooperation between the American Red Cross and state tuberculosis associations especially in states where the present lack of machinery may necessitate some variations from the "Suggestion of Principles." The following statement, therefore, is presented with the approval of the American Red Cross:

A Suggested Plan for Cooperation Between the Red Cross and State Tuberculosis Associations in States where there is no Bureau of Public Health Nursing and no State Supervising Nurse within the State Department of Health.

I. It is highly desirable that a public health nurse should be appointed by the state health officer upon joint recommendation of the Red Cross and the state tuberculosis association to have charge of the organization of public health nursing within the state. Her expenses might be shared by the state department of health, the Red Cross and the state tuberculosis association, or by the latter two, until such time as the state department of health is able to assume part or all of her salary.

II. This State Director of Public Health Nursing shall be made the official representative of the Division Bureau of Public Health Nursing of the Red Cross, and of the state tuberculosis association, and shall be charged with the responsibility for the development of their public health nursing activities in conformity with the plan of organization, methods of procedure and standards of each. Through the state health officer she shall be responsible to the state tuberculosis association for its part of her work, and shall be responsible to the division director of public health nursing for nursing activities in which the Red Cross chapters participate.

III. Wherever possible, this State Director of Public Health Nursing should be given an office at the state house and should consult with the state health officer frequently, and should keep him fully informed of her work. She shall render to the state health officer monthly written reports of her work, and shall furnish duplicates of these reports to the state tuberculosis association and the division director of public health nursing, and shall at all times keep them fully informed of the character and progress of her nursing activities, and shall be available for conference or consultation at the state or divisional offices when necessary. She shall familiarize herself with the activities and procedure of the cooperating agencies which she represents, and shall at all times take advantage of the information which they can furnish her, and in her capacity as the official representative of each shall consider her work as an organic part of the program of each.

IV. The State Director of Public Health Nursing may be given assistant public health nurses appointed by the state health officer upon joint recommendation of the Red Cross and state tuberculosis association and at their joint expense.

V. The executive officers of the cooperating agencies shall constitute a committee for mutual consultation regarding policies, programs and methods of work. Wherever difficulties of administration arise which this committee cannot remove or adjust, these difficulties should be taken by the committee to the state committee on public health nursing (described in the next paragraph) for consideration and advice. The state committee has no power, however, to enforce its decision.

VI. The three national organizations interested in public health nursing, namely, the National Organization for Public Health Nursing, the Red Cross Bureau of Public Health Nursing and the National Tuberculosis Association, have agreed to promote jointly the creation of state committees on public health nursing. Such a committee shall consist, wherever possible, of state and divisional representatives of these three organizations and of the state department of health and other state agencies engaged in or responsible for public health nursing activities, and for its functions shall have the promotion of public opinion in the state favoring the advancement of public health nursing and of coordination and standardization of the administration and practice of public health nursing. The committee would in no sense of the word be an administrating committee.

VII. The state supervising nurse shall endeavor to develop public health nursing throughout the state, and shall seek local funds for this purpose. Wherever possible, public funds will be secured. Where there are not sufficient public funds she shall endeavor to complete the necessary budget through the assistance of the tuberculosis association or the Red Cross chapter or branch, or both. No approach from without the Red Cross shall be made to a chapter or branch for the purpose of securing funds except by the state supervising nurse or her assistants. The scope of public health nursing shall be determined by the need of the locality and the practical factors of territory to be covered and population to be served.

VIII. Where the Red Cross pays two-thirds or more of the budget for a local nursing service, the work shall be conducted by the chapter or branch which shall include on its committee representatives from the other contributing agencies. Where the local tuberculosis association pays two-thirds or more of the budget, the work shall be conducted under the tuberculosis as-

sociation with representation from the Red Cross chapter or branch. Where both agencies pay less than two-thirds of the budget, a joint committee, representing the agencies contributing to the budget, shall conduct the work. The aim of these private agencies in establishing a nursing service is to demonstrate to the community the need for such services and to secure as soon as possible public funds for the permanent continuance of the service.

IX. Where the Red Cross pays the whole or in part for a nurse's salary, the nurse appointed shall meet Red Cross requirements.

X. In states where the state tuberculosis association limits its nursing work entirely to the field of tuberculosis, the state supervising nurse would recognize that:

The Red Cross is equally interested in all general and special forms of public health nursing, but may emphasize one or another form in developing its program of general nursing in a particular locality; the state tuberculosis association acknowledges, however, the paramount interest of tuberculosis nursing which nevertheless involves general nursing in its proper performance.

The state supervising nurse, therefore, would seek public funds and funds from Red Cross chapters for the development of general public health nursing. For special tuberculosis work in the public health nursing field, she would likewise seek public funds and funds derived from the sale of tuberculosis Christmas seals. The public health nurse doing tuberculosis work would be directed by the local tuberculosis association. The general public health nurse would be directed by the Red Cross chapter.

In order to secure the closest cooperation between these two agencies and to avoid friction and duplication, it probably would be well for each agency to have representation on the other agency's local governing body. The nurses would be expected to develop their work jointly, as far as possible, through frequent consultation and the use of each other's files.

The fifth document may be submitted without further explanation as its foreword outlines its purpose. This agreement is as follows:

An Agreement Between the American Red Cross, the National Tuberculosis Association, and the National Organization for Public Health Nursing, for the Promotion of Public Health Nursing.

Foreword:

The Red Cross and the National Tuberculosis Association, through their division and state organizations, being the organizations probably administering the largest number of public health nursing services and the National Organization for Public Health Nursing, as the voluntary body representing all types of public health nursing, necessarily have many interests and problems in common. Therefore, they seek to supplement each other by utilizing the facilities of each in common as far as possible and by joining forces in undertakings in which it is advantageous to do so. To accomplish this it is necessary that the functions of each organization and the lines of cooperation be clearly defined and future lines of cooperation be, so far as possible, anticipated. These three organizations, through their accredited representatives in conference assembled in Washington, D. C., December 5th, 1919, hereby define what each organization considers to be its functions in the field of public health nursing, and enter into an agreement as to methods of performing its functions by means of coordination and cooperation.

Definition of Functions:—American Red Cross

The functions of the Bureau of Public Health Nursing are:

1. Organization and administration of public health nursing services under the entire or partial direction of Red Cross chapters through the machinery of the division and state staffs and in cooperation with state departments of health.

2. Education of the chapters in the principles and practice of public health nursing in order to prepare them to administer such work with the maximum of intelligence and understanding and to the greatest advantage of the community.

3. Constant support and guidance of public health nurses in Red Cross service and provision of all educational and informative material needed by them in order to assist them in understanding and meeting rural problems and in organizing and conducting their work to the best advantage.

4. Stimulation of supply of public health nurses through scholarship funds, through financial assistance where necessary for public health courses and through efforts to interest student nurses and graduate nurses.

5. Research work in the field of practice through analytical studies of various typical and atypical pieces of work for the purpose of determining standard methods of organization, practice and technique, and for discovering data relating to various problems, such as cost of service, variety of personnel required, etc.

6. Conducting demonstrations or experiments in public health nursing by request or as need arises.

Definition of Functions:—National Tuberculosis Association

The general functions of the National Tuberculosis Association in the public health nursing field are:

1. To act as a clearing house of information about tuberculosis.

2. To suggest policies and programs to its constituent groups.

3. To stimulate the adoption of such methods of teaching tuberculosis that nurses in training schools shall be made as familiar with this disease as they are with many other diseases which are not so widely distributed.

The National Tuberculosis Association considers that the employment of public health nurses by state and local tuberculosis associations should be for the following purposes:

1. The making of surveys and the demonstration of local needs.

2. Furnishing tuberculosis and public health nursing to communities until such time as the local public authorities are able and willing to assume its support.

3. Staffing of clinics and dispensaries for the diagnosis and treatment of tuberculosis.

4. Follow-up service for tuberculosis sanatoria, preventoria and open-air schools.

5. Work in the schools with the consent of proper authorities to introduce and supervise the activities of the Modern Health Crusade.

6. As executive secretary of state and local associations when such associations so desire.

Definition of Functions:—National Organization for Public Health Nursing

The National Organization for Public Health Nursing seeks through the following measures to develop and support standards of public health nursing:

Educational

1. Assisting in the organization and improvement of post-graduate courses in public health nursing.

2. Assisting in the production of more public health nursing teachers through special scholarship fund.

3. Encouraging introduction of instruction in subjects relating to public health nursing and field work into the curriculum of qualified training schools.

4. Special institutes for public health nurses already in the field.

5. Circulating package library, advisory service to libraries concerning public health nursing literature and bibliographies.

6. Public Health Nurse, monthly magazine.

Recruiting

1. Encouraging graduate and student nurses to enter public health nursing.

2. Encouraging high school and college students to enter nursing and to prepare through pre-professional courses. This organization has proposed that this be continued in cooperation with the other national associations.

Employment

Maintenance of a limited employment service which could be developed into a national employment clearing house for public health nurses.

Standardization

Studies of and assistance in establishing standards of organization, administration, publicity and financial support, records and reports. This function is naturally the province of all these bodies, cooperatively or individually.

Legislation

Creating public opinion in favor of and assisting in the enactment of suitable public health nursing legislation, such as the appropriation of public funds for public health nursing, and the crea-

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Industrial Nursing Section

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become an important part of the association's activities. The object of the new section will be the formulation and maintenance of high standards for nursing service in industry as well as to make known to nurses throughout the country the opportunities for education for industrial nurses.

Full details for a working program for the Industrial Nursing Section will be discussed at the Organization's annual meeting, which will be held in Atlanta, April 9 to 17. All qualified nurses are eligible to membership in the section; companies are eligible to corporate membership, and individual employers to sustaining membership. Associations of employers, of employers and workers, or of employees, are eligible to corporate membership.

Agreements

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tion of divisions of public health nursing within the state departments of health.

The following are ways and means of cooperation:

Educational

1. *Courses.* The Red Cross and the National Tuberculosis Association to the National Organization for Public Health Nursing to take the lead in matters pertaining to the education of public health nurses.

Before granting either financial subsidy or scholarships to a post-graduate course for public health nurses, the Red Cross will require that the course be endorsed by the National Organization for Public Health Nursing. The National Tuberculosis Association will make the same requirement, but will insistently urge through its representative on the Educational Committee of the National Organization for Public Health Nursing that such courses make provision for a suitable proportion of teaching of tuberculosis and is ready to cooperate in establishing standards of teaching for tuberculosis nursing based upon the judgment of the leaders in this field, medical, nursing and sociological. It further urges similar consideration for the advice of other specialized health organizations.

2. *Forum.* The Educational Committee of the National Organization for Public Health Nursing will act as a forum for the discussion of all questions pertaining to the education of public health nurses. The Director of the Red Cross Bureau of Public Health Nursing, and the National Tuberculosis Association Secretary for Nursing and possibly later representatives of other national organizations interested in public health nursing will sit on this committee as members. These organizations will undertake jointly or separately, but under the general direction of the Educational Committee, to prepare series of monographs on practical methods of conducting various public health nursing activities, and also pamphlets on other special subjects as needed.

3. *Institutes.* Believing strongly in the need for annual and widely distributed institutes for public health nurses of considerable experience or training, the Red Cross and the National Tuberculosis Association will join with the National Organization for Public Health nursing in recommending that such institutes (to cover two weeks or more) be organized and conducted by suitable established agencies within the states with the assistance of the National Organization for Public Health Nursing, in consultation with these other national bodies. The latter will offer the assistance of their division and state staffs in conducting the institutes, and will encourage their local staffs to attend. These three organizations agree that these institutes should be general in character, including tuberculosis, child hygiene, venereal diseases and other special subjects.

The Red Cross stands ready to suggest subjects and teachers in the rural nursing field and the National Tuberculosis Association to furnish outlines of lectures and teachers in tuberculosis subjects.

4. *Library.* In view of the fact that the National Organization for Public Health Nursing has a library department with an appropriation for adequate expansion, and has a circulating package library operating through 44 state library centers, which has been endorsed by the American Library Association, the Red Cross and the National Tuberculosis Association will not endeavor to develop duplicate library facilities, but will recommend that their field staffs make the fullest possible use of the facilities offered by the National Organization for Public Health Nursing. The latter organization will undertake to develop its library resources to meet the special needs of these staffs, particularly as their work affects the rural nurses.

5. *Magazine.* "The Public Health Nurse" has granted a section to the Red Cross Bureau of Public Health Nursing under the editorship of the director of the bureau to be devoted to the activities and developments of that bureau.

The National Tuberculosis Association does not at this time suggest a department in the magazine devoted exclusively to tuberculosis, but suggests that a reasonable amount of space be given to the consideration of tuberculosis nursing and other phases of the tuberculosis movement.

Recruiting

The Red Cross hopes to join with the three national nursing organizations in a program for recruiting student nurses. The National Tuberculosis Association recognizes that this is distinctly a function of the nursing organizations.

Employment

Believing that there are many advantages to be secured through a national clearing house of employment which would also serve as a directory of information, the National Ogranization for Public Health Nursing will endeavor to accomplish this for public health nurses as a part of the activities of the proposed joint nursing headquarters. It is understood that while all credentials would be obtained by such a clearing house, placements would continue to be made through the various existing agencies. The Red Cross, because of its great demand on the supply, will appoint its own representative to the executive staff of the clearing house.

All three organizations are free to conduct analytical studies of various typical and atypical pieces of machinery for the purpose of determining standard methods of organization, practice and technique, but will consult each other in planning these studies in order to avoid duplication and to take advantage to the fullest extent of the facilities and fields each can offer for this purpose.

Legislation

The National Organization for Public Health Nursing and the National Tuberculosis Association will seek to create public opinion in favor of, and assist in, the enactment of suitable public health nursing legislation, such as the appropriation of public funds for public health nursing and the creation of divisions of public health nursing within state departments of health. The Red Cross endorses this broad endeavor, but prefers not to take part in efforts involving legislation.

Machinery for Coordination

1. *Joint Consultation Committee.*

The Executive Secretary of the National Organization for Public Health Nursing, the Director of the Bureau of Public Health Nursing of the Red Cross, and the Secretary for Nursing of the National Tuberculosis Association will form a joint consultation committee. This committee will meet frequently for conferences relative to problems and projects confronting or contemplated by any one of the three.

2. *Exchanges of memoranda regarding new programs or changes in policy before putting the same into action.*

3. *State committees on public health nursing.*

The Red Cross, the National Organization for Public Health Nursing and National Tuberculosis Association favor and will endeavor to create state committees on public health nursing representing generally the three organizations and the state department of health, and may include other state nursing organizations and state agencies engaged in, or responsible for, promoting public health nursing activities. Such a committee will have no administrative responsibility for, but will concern itself with, the advancement of public health nursing in the state through the stimulation of public opinion, through interpretation and advice and through the promotion of coordination.

It is mutually understood that no changes will be made in the procedure outlined in this agreement without the full consideration of the three participating agencies.

By F. C. Munroe, General Manager, American Red Cross.

By C. J. Hatfield, Managing Director, National Tuberculosis Association.

By Katherine Tucker, President, National Organization for Public Health Nursing.